24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule	E)				FOR SE OF FORM 24/48	
NAME OF C	OMMITTEE (In Full)			-	EC IDENTIFICATION NUMBER ▼	
WOMEN SPEAK OUT PAC						
					C00530766	
Check if 24-hour report						
	e of Payee			Date of I	Public Distribution/Dissemination	
Camp	aign HQ			M = 10		
Mailing Address PO Box 257				Amount	13 2020	
City		State	Zip Code	Transacti	15172.50 tion ID : SE.21968	
Brooklyn		IA	52211		Disbursement or Obligation	
Purpose Phone C	of Expenditure alls		Category/ Type	10		
Name of	Federal Candidate		✗ Support	Office Sought:	House District:	
MCSALL	Y, MARTHA, , ,		Oppose	President	Senate State: AZ	
0.0	endar Year-To-Date Election for Office Sought		308648.56	Disbursement F	or: Primary X General	
Full Nam	e of Payee				Public Distribution/Dissemination	
	aign HQ			M	M / D D / Y Y Y Y	
Mailing A	Mailing Address PO Box 257				13 2020	
	1 0 000 201			Amount		
City		State	Zip Code		15172.50	
Brooklyr	1	IA	52211		on ID : SE.21969 Disbursement or Obligation	
	of Expenditure		Category/	M =	M / D D / Y Y Y Y	
Phone C	Calls		Type	10	13 2020	
Name of	Federal Candidate		Support	Office Sought:	House District:	
KELLY, I	MARK, , ,		X Oppose	President	Senate State: AZ	
Cale	endar Year-To-Date			Disbursement F	For: Primary X General	
Per	Election for Office Sought	7	323821.06	2020 Othe	er (specify) •	
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
					7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Gross, Jennifer, , ,	[Electron	nically Filed] Date	M M / D	13 2020	
Signatu	ire	•		ا لتا ا	2020	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
WOMEN SPEAK OUT PAC	C C00530766					
Check if 24-hour report						
Full Name of Payee Tradewinds Consulting, Inc.	Date of Public Distribution/Dissemination					
Mailing Address 21850 Inglewood Ct.	10 12 2020 Amount					
City State Zip Code Ashburn VA 20148	1275.26 Transaction ID : SE.21966					
Purpose of Expenditure Printing / Production / Postage Category/	Date of Disbursement or Obligation					
Name of Federal Candidate Support	Office Sought: House District:					
KELLY, MARK, , ,	President X Senate State: AZ					
Calendar Year-To-Date Per Election for Office Sought 292200.79	Disbursement For:					
Full Name of Payee Tradewinds Consulting, Inc.	Date of Public Distribution/Dissemination					
Mailing Address 21850 Inglewood Ct.	Amount					
City State Zip Code Ashburn VA 20148	1275.27 Transaction ID : SE.21967					
Purpose of Expenditure Printing / Production / Postage Category/ Type	Date of Disbursement or Obligation					
Name of Federal Candidate MCSALLY, MARTHA, , ,	Office Sought: House District:					
Calendar Year-To-Date	President Senate State: AZ Disbursement For: Primary General					
Per Election for Office Sought 293476.06	Other (specify)					
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Gross, Jennifer, , , [Electronically Filed] Da	ate 10 / 13 / 2020					